PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995 Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 10/085,254 (H0002864)OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR SMALL ENTITY (Column 2) (Column 1) FOR NUMBER EXTRA NUMBER FILED RATE FEE RATE FEE BASIC FEE \$ OR \$ (37 CFR 1.16(a)) TOTAL CLAIMS 28 48 minus 20 -OR INDEPENDENT CLAIMS 9 6 minus 3 = OR (37 CFR 1.16(b)) (37 CFR 1 16(d)) MULTIPLE DEPENDENT CLAIM PRESENT OR TOTAL TOTAL OR If the difference in column 1 is less then zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II OTHER THAN SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT** AFTER **PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR _{\$} 50 Total 0 0 Minus 48 48 (37 CFR 1.16(e)) OR Independent 200. = 0 9 Minns 9 0 (37 CFR 1.15(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16fd)) OR TOTAL OR TOTAL 0 (Column 1) ADDIT. FEE ADDIT. FEE (Column 2) (Cohmm 3) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AMENDMENT **AFTER** PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total (37 CFR 1.16(c)) Minus = x \$ OR Independent Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR ΤΟΤΛΙ TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL **AMENDMENT AFTER** PREVIOUSLY **EXTRA** FEE FEE AMENDMENT PAID FOR OR Total ** Minus = x \$_ OR Independent Minus OR

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Putents, Washington, DC 20231.

(37 CFR 1.16(d))

OR

OR

TOTAL

ADDIT, FEE

TOTAL

ADDIT. FEE

^{*} If the entry in column 1 is less than the entry in column 2, write "O" in column 3.

^{**} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.